U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13/68	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Vere O Haynes	Name [Laborers International Union of North America	
	Labor Organization File Number 000-131	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4 Woodstock Street	Street 905 16th Street, N.W.	
Chy Hartford	City Washington	
State Connecticut ZIP Code + 4 46112-1543	State District of Columbia ZIP Code + 4 20006-1703	
5. Position in labor organization.		
Enter appropriate data below if, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.	derived income or other economic benefit of	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	VICTORIUM de la companya del companya del companya de la companya	
Street	7.b. Amount.	
City		
State ZIP Code + 4	зининовиеровандо сосудення принаванный пессый до на принаванный пессый до на принаванный пессый до на принаван	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Telephone Number

Name of Person Filing Vere Haynes		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value 12.a. Nature of interest held			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any). Name Laborers'-Employers Coop & Education Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 905 16th Street, N.W. City Washington State District of Columbia ZIP Code + 4 20006-1703	1/17/04: National	Tri-Fund Conference, Breakfast.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$31		

Name of Person Filing	Vere	Haynes
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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Laborers'-Employers Coop & Education Trust	1/18/04: National Tri-Fund Conference, Reception. Amount unknown, best estimate \$60.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 905 16th Street, N.W.			
City Washington			
State District of Columbia ZIP Code + 4 20006-1703			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Laborers!-Employers Coop & Education Trust	1/20/04: National Tri-Fund Conference, Dinner. Amount unknown, best estimate \$100.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 905 16th Street, N.W.			
City Washington			
State District of Columbia ZIP Code + 4 20006-1703	CONTRACTOR		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Laborers National Health & Welfare Fund	4/28/04 to 4/30/04: National Tri-Fund Board of Trustees Meetings, Lodging.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 210			
Street 5565 Sterrett Place			
City Columbia			
State Maryland ZIP Code + 4 21044-2064			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$628		

Name of Persor	n Filing	Vere	Haynes	3
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File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any). Name Laborers' National Health & Welfare Fund	4/29/04: National Tri-Fund Board of Trustees Meetings, Breakfast.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 210			
Street 5565 Sterrett Place			
City Columbia			
State Maryland ZIP Code + 4 21044-2064			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$36		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name NY Laborers-Employers Coop & Education Trust	8/12/04: New York Tri-Fund Meetings, Reception for self and spouse. Amount unknown, best estimate \$100.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 18 Corporate Woods Boulevard			
City Albany			
State New York ZIP Code + 4 12211-2522			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any). Name NY Laborers-Employers Coop & Education Trust	8/13/04: New York Tri-Fund Meetings, Dinner for self and spouse. Amount unknown, best estimate \$140.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 18 Corporate Woods Boulevard			
City Albany			
State New York			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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File Number U-

Part C Continuation Page

C. Received from any employer of the than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers / Retiremal Health & Welfare Rund 17. Do Box, Bidg. Room No., if any Suite 210. Sireel [5565 Sterrett Place City Columbia 13.b. is the Business an Employer or Consultant 7			
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13.b. Is the Business an Employer or Consultant ? 14.b. Amount of payment. 25.96 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers National Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 210 Street 5565 Sterrett Place City Columbia State Maryland ZIP Code +4 21044-2064 14.b. Amount of payment. 14.b. Amount of payment.	City Columbia		
13.b. Is the Business an Employer or Consultant ? \$596 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Laborers* National Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 210 Street 5565 Sterrett Place City Columbia State Maryland ZIP Code + 4 21044-2064 14.b. Amount of payment.	State Maryland ZIP Code + 4 21044-2064		
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City Columbia State Maryland ZIP Code + 4 21044-2064 14.b. Amount of payment.	P.O. Box, Bldg., Room No., if any Suite 210		
State Maryland ZIP Code +4 21044-2064 14.b. Amount of payment.	Street 5565 Sterrett Place		
14.b. Amount of payment.	City Columbia		
	State Maryland ZIP Code + 4 21044-2064		
Transier August	13.b. Is the Business an Employer or Consultant?		

Addenda to Form LM-30: Labor Organization Officer and Employee Report

VERE O. HAYNES

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131 Fiscal Year Covered From: 1/1/04 through 12/31/04 Page 1 of 1

ADDENDUM A

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM B

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM C

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

ADDENDUM D

I am not reporting certain benefits that I received from the New York State Laborers - Employers Cooperation and Education Trust, the New York State Laborers' Health and Safety Fund, and the New York State Political Action Committee, collectively the "New York Tri-Funds." Throughout the course of completing my LM-30 report, the Laborers' International Union North America ("LIUNA"), my employer, learned that the New York Tri-Funds had paid for certain meeting expenses (lodging) on my behalf in 2004, which should have been paid for by LIUNA. It is my understanding that LIUNA has reimbursed the New York Tri-Funds for those benefits (lodging). To that extent, certain benefits (lodging) that may have been initially provided to me by the New York Tri-Funds in 2004, actually have been provided by LIUNA, and, as such, would not be reportable.

U.S. Department of Labor August 15, 2005 Page 2

lawfully reported benefits that I received in 2004. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. 432, or that I did not receive such items within the provisions of 29 U.S.C. 186(c).

Sincerely

Vere O. Haynes

Enclosure